2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031083

Entity Name: WARRANTY TITLE SOLUTIONS, LLC

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7290 COLLEGE PARKWAY STE. 425 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

7290 COLLEGE PARKWAY STE. 425 FORT MYERS, FL 33907

FEI Number: 20-1027727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, D'ARCY L BROWN, D'ARCY L 11172 LÁKELAND CIRCLE 7290 COLLEGE PARKWAY, SUITE 425 FORT MYERS, FL 33913 US FORT MYERS, FL 33913

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: D'ARCY L. BROWN

01/04/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition BROWN, D'ARCY L BROWN, D'ARCY L Name: Name:

11172 LAKELAND CIRCLE Address: 7290 COLLEGE PARKWAY, SUITE 425 Address:

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33907

(X) Change () Addition Title: MGR () Delete Title: MGRM Name: BROWN, DAVID M Name: BROWN, DAVID M

Address: 11172 LAKELAND CIRCLE Address: 7290 COLLEGE PARKWAY, SUITE 425

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID M. BROWN **MGRM** 01/04/2005